

IRS HEALTH COVERAGE EXEMPTION INSTRUCTIONS - ALTRUA

Attached is IRS Form 8965 which the member will need to file to qualify for the exemption. Altrua DOES NOT send out a tax form or a 1095A.

BASIC INSTRUCTIONS:

- There is no need to fill out Part I unless you already completed a different form using your state's exchange, and obtained a certificate number. In that case, follow the instructions provided for Form 8965. You do not need to use your state's exchange to be exempt. You need only to use Form 8965.
- In Part II check "No".
- In Part III column c, "Exemption Type," write "D" to indicate you are a member of a health care sharing ministry. If you were a member for the entire year, place an X in column d. If you were a member for only part of the year, use the additional columns to indicate the months of membership. You are considered a member for any month in which you were a member for at least one day.

IRS INSTRUCTIONS:

<https://www.irs.gov/instructions/i8965>

FOR MORE QUESTIONS MEMBERS CAN VISIT:

<https://altruahealthshare.org/how-it-works/affordable-care-act/>

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
 ▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

| | (a) Name of Individual | (b) SSN | (c) Exemption Certificate Number |
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Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here.

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

| | (a) Name of Individual | (b) SSN | (c) Exemption Type | (d) Full Year | (e) Jan | (f) Feb | (g) Mar | (h) Apr | (i) May | (j) June | (k) July | (l) Aug | (m) Sept | (n) Oct | (o) Nov | (p) Dec |
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